

DEPARTMENT OF HEALTH SERVICES

714/744 P STREET
SACRAMENTO, CA 95814



September 18, 1987

To: All County Welfare Directors
All County Administrative Officers

Letter: 87-57

Subject: Cost Avoidance: Provider Bulletin

Some counties had requested a copy of the bulletin mailed to providers regarding the new cost avoidance other coverage codes and procedures for billing other health insurance prior to billing Medi-Cal. Attached is a copy for your information.

Please note that the existing pay and chase other coverage codes for American General (A), Blue Shield (X) and Blue Cross (Y for North and Z for South) will still appear on some recipient's cards.

If you have any questions, please call Paula Marty at (916) 739-3274.

Sincerely,

Original signed by

Angeline Mrva, for
Frank S. Martucci, Chief
Medi-Cal Eligibility Branch

cc: Medi-Cal Liaisons
Medi-Cal Program Consultants

Attachment

Expiration Date: March 31, 1988

UPDATED INFORMATION

AUGUST 1987

Additional Other Coverage Codes

Beginning September 1, 1987, recipients eligible for American General, Blue Shield, and Blue Cross health coverage insurance plans will show a new other coverage code on their Medi-Cal cards. Other coverage codes for CHAMPUS, Kaiser, Ross Loos, and PHP/HMO will remain the same.

Carrier	Other Coverage Codes
American General	G (New)
Blue Shield	S (New)
Blue Cross	B (New)

The figure below shows the location of the other coverage code on the Medi-Cal ID card.

MEDI-CAL IDENTIFICATION

VALID: JUN 86 12/18/ 43 F

09-E--0057901-0-60 **1**
VELMA G WILLIAMS

2000 EVERGREEN, ROOM 204
SACTO, CA 95815

MEDSID *

O/C:B

AN APPROPRIATE LABEL OR A PHOTOCOPY OF THE CARD MUST ACCOMPANY EACH CLAIM.

WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B
WILLIAMS F1	09840057901060	0686M45B

THE PERSON NAMED ON THIS CARD IS ELIGIBLE TO RECEIVE BENEFITS UNDER MEDI-CAL. THE PROGRAM REQUIRES THAT PROVIDERS BILL MEDICARE, CHAMPUS, KAISER, AND ROSS-LOOS BEFORE MEDI-CAL CAN BE BILLED. PROVIDERS ARE ENCOURAGED TO BILL ALL OTHER HEALTH COVERAGE CARRIERS DIRECTLY.

OTHER COVERAGE CODE

Figure 1. Medi-Cal I.D. Card with Other Coverage Code

The Medi-Cal program is prohibited by federal law from paying for services for recipients enrolled in other health coverage insurance plans. Providers must bill the appropriate carrier for services rendered to recipients with other health coverage.

Claims for these recipients will be denied unless documentation is submitted with the claim that the service or product is not covered by the other health coverage. This applies to all providers, all services, and to all recipients with other coverage codes G, B, S, C, K, P, or R on their Medi-Cal ID card, with the following Pharmacy and Long Term Care exceptions.

(Continued)